

# LANDLORD REGISTRATION FORM

Date:

PERSON FILING FORM

Home Phone Owner/Manger:

Cell phone Owner/Manager:

Stow Creek Township  
474 Macanippuck Road  
Bridgeton, New Jersey

08302  
Phone: 856-451-8822  
Fax: 856-451-3376

PHYSICAL ADDRESS OF PROPERTY RENTED OR LEASED:

Single or multiple unit

BLOCK

Apartment number at this location if any

LOT

PROPERTY OWNER(S) OF RECORD

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF the owner of record is not located within the County of Cumberland provide the name and address of of a person within the County to accept notices on behalf of the owner and who is authorized to issue receipts

Person authorized to receive notices / receipts

ADDRESS:

CITY:

STATE:

ZIP:

Name of Superintendent, Custodian, Janitor or person who performs regular maintenance

ADDRESS:

CITY:

STATE:

ZIP:

Name of Emergency Contact

ADDRESS:

CITY:  STATE:  ZIP:

Name of Secondary Emergency Contact

ADDRESS:

CITY:  STATE:  ZIP:

Name of person who can authorized emergency repairs

ADDRESS:

CITY:  STATE:  ZIP:

Type of Fuel used for heating purposes  Grade

If fuel is delivered and stored at unit, provide name and address of fuel dealer used

ADDRESS:

CITY:  STATE:  ZIP:

Name of Renter or Lessee

ADDRESS:  APT #

CITY:  STATE:  ZIP:

Printed name of person who prepared form

Signature of person preparing form

This form must be filled out for each rental unit and at each tenant change as it occurs thereafter.

\*\*\* FOR OFFICE USE ONLY \*\*\*

Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_  Cash \$ \_\_\_\_\_

return form to: STOW CREEK TWP CLERK  
 474 MACANIPPUCK ROAD  
 BRIDGETON, NJ 08302